

Expressive Therapy Center, LLC

10810 Darnestown Road, Suite 103, North Potomac, MD 20878 Phone: 301.869.1017 ext. 1 / Fax: 301.755.9493

Loday	's Date:	

ETC Summer Camps Application (2024)

*Please send completed application to camp@expressivetherapycenter.com or via fax at 301-755-9493.

- 1) Express Yourself Main Camp, Grades 1-9: August 5-9 from 10am-1:30pm
- 2) Preschool Camp: July 8-12 from 9am-12pm
- 3) Middle School Camp: July 15-19 from 9am-12pm
- 4) Inner Warrior Acting Camp: July 22-26 from 10am-1pm
- 5) Film and Media Camp, Grades 7+: July 29-August 2 from 10am-1pm
- 6) Creative Coping for the School Year, Grades 2-5: July 29-August 2 from 10am-1:30pm
- 7) **K1 Readiness, Grades K-1**: Aug 12-16 from *9am-12pm*

Client Name		Gender
DOB	_ School	
Grade in Fall 2024	_	
Home Address		
Home Phone () _	Email:	
Marital Status of Parent(s	(s)/Guardian(s): Single / Married	/ Domestic Partners / Separated / Divorced / Widowed
Parent/Legal Guardian1:	: Work (
Contact Info: Cell (_) Work (
Parent/Legal Guardian 2	2: Work (
Contact Info: Cell (_) Work (()
Emergency Contact:		
Contact Info: Cell () Work (
Allergies MD		Phone ()
	for insurance reimbursement?	
Cancellation Policy		
100% Refund: Cancellation	n 2 weeks or more before session sta	art. 50% Refund: Cancellation 1 week before session start.
No refunds within 6 days b	pefore session start.	No charge to change sessions if openings are available.
D I. (
Payment Information		
	low for Pricing Information	
In-Person Cost: Check Belo		NOT include material fee with application if your camp requires one).
In-Person Cost: Check Belo	ASH on the 1st day of camp - Please DO	O NOT include material fee with application if your camp requires one). Visa/MC/Discover (Enter credit card info below.)
In-Person Cost: Check Belo (Material fee to be paid in CA	ASH on the 1st day of camp - Please DO	
In-Person Cost: Check Belo (Material fee to be paid in CA Payment Method: Cas	ASH on the 1st day of camp - Please DO	

What would you like us to know about your child?	
How did you hear about our camp? (Please specify)	
Website Doct	tor Friend
MagazineOthe	er
* At the end of the camp, you will receive a statement in the mail the insurance carrier for potential reimbursement. Please contact the admin	
Reminder: Please do not include materials fee payment with camp a child's therapist on the first day of camp, in CASH ONLY. The payable by cash, check or credit card.	
ETC is not responsible for the children prior to or after emergency where the emergency contact cannot be reach emergency room.	
Parent/Guardian Signature	Date
For ETC Use Only	For ETC Use Only
Copy for:	Session: K-5
Payment Rec'd? Billing Conf. Call:	Therapist: Therapist Call:
Client Entered:	End Mtg: am/pm
Pmt Entered: ☐ Inv & Stmt Printed: ☐	Dx Needed? Yes No Dx Code:
'	

*All credit card fields required. With my signature, I authorize Expressive Therapy Center to charge my credit card as noted

above. I realize it is my responsibility to inform ETC of any changes to my credit card information.

ETC Camp Pricing

All 2024 Summer Camps are \$450 for the week, plus a \$25 Cash Materials Fee

Camp fees may be eligible for insurance reimbursement

FOR POSSIBLE OUT OF NETWORK REIMBURSEMENT, PLEASE CONTACT YOUR INSURANCE COMPANY FOR MORE INFORMATION